## REQUEST FOR DUPLICATE LICENSE OR PERMIT

Please complete the following in order to obtain a duplicate license or permit. Return this form along with \$3.00 for each duplicate requested to S.C. Department of Natural Resources, License Division, PO Box 167, Columbia, SC 29202 803-734-3833

OF NATURAL	TYPE OF	LICENSE OR PERMIT		
RESIDENT		NON-	RESIDENT	
Resident State Hunting		Annual Non-Resid	ent Fishing	
County Hunting(county)		7-Day Non-Resident Fishing		
Resident State Fishing	Annual Non-Resid	Annual Non-Resident Hunting		
Combination Hunting, F	3-Day Non-Reside	nt Hunting		
Resident Sportsman	10-Day Non-Resid	lent Hunting		
Resident Junior Sportsman		Non-Resident Big Game Permit		
Resident 14-Day Fishin	Non-Resident Wildlife Managment Area Permit			
Resident Lakes & Reservoirs (cane pole)Saltwater Fishing License				
Resident Wildlife Manag				
Resident Big Game Per				
Saltwater Fishing Licen				
Name on license when purchased				
Address when purchased		City	State_	Zip
Date of birth	_SexRace	Social Security #		
LICENSE NUMBER				
If mailing address has been chang				
		_City		
DATE PURCHASED (Approx.)				
LIC. AGENT NO	_ Business Address			06AD5041
	167, Columbia, SC 2920		Natural Resou	rces, License
OF NATURA		LICENSE OR PERMIT		
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County Hunting(county)7-Day Non-Resident Fishing				
Resident State FishingAnnual Non-Resident Hunting				
Combination Hunting, Fishing & Big Game3-Day Non-Resident Hunting10-Day Non-Resident Hunting				
Resident Sportsman Resident Junior Sportsr		Non-Resident Big Game Permit		
Resident 14-Day Fishin			nt Area Permit	
Resident 14-Day FishingNon-Resident Wildlife Managment AreaResident Lakes & Reservoirs (cane pole)Saltwater Fishing License				it Alea i eiiiit
Resident Wildlife Manag		Saitwater i ishirig i	LICETISE	
Resident Big Game Per				
Saltwater Fishing Licens				
Name on license when purchased				
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LICENSE NUMBER				
If mailing address has been chang	•	-		
DATE PURCHASED (Approx.)	PLACE PUR	RCHASED		

LIC. AGENT NO. \_\_\_\_\_ Business Address \_\_\_\_\_